

section on health education and the type of lectures and projects that are advisable; one on physical education sketching the activities of gymnasium classes and individual work in such activities as swimming, tennis, bowling, tap dancing, and the like; and one on recreation, either tied up with the physical education program, or aside from it. At the end is an 8 page bibliography. CHARLES H. KEENE

Marihuana: America's New Drug Problem—By Robert P. Walton. Philadelphia: Lippincott, 1938. 223 pp. Price, \$3.00.

This is an authoritative discussion of the scientific uncertainty and scholastic ignorance which surround the resinous exudate of the hemp plant. The author has chosen to call this marihuana, though he does not tell us why. Among several pages of alternative titles, this one is described as "the name given the weed in Mexico and the Latin American countries" (but would the Spanish peoples use that letter h?) and it is derived from "maraguango" meaning any substance producing an intoxication.

The one thing certain about the history of our subject is that hemp was a reasonably common plant in various pre-Christian civilizations. But as soon as one authority has theories regarding its early use another authority seems to disapprove. Creighton thought that the grass ("hashish") on which Nebuchadnezzar fed was hemp, and that the first chapter of Ezekiel was written by a marijuana addict. Most of us would have accepted his suggestion were it not that Dr. W. C. Graham who teaches Old Testament at the University of Chicago finds these theories unconvincing. De Sacy's theory that Assassins were originally hashish eaters has many apologists among the pamphleteers and has been naïvely accepted by the *Encyclopaedia Britan-*

nica; but there are other philologists who doubt.

Some say that marijuana causes addiction. Others say not. Dr. Walton is convinced that "there is a certain degree of addiction when this drug is smoked for an extended period of time." There is no doubt that men commit crimes while under the influence but it is seldom easy to decide whether the crime was planned before taking the drug or was committed without premeditation. The pathology is unknown and even the pharmacology has its doubtful points. For instance 22 c.c. of fluid extract did not kill a 40 lb. dog but 10 c.c. more rapidly injected did do so. No one knows whether the dog died from cannabinol, or alcohol, or precipitated resin. Modestly included in the pharmacological research is an item which on consulting reference number 417 in the bibliography turns out to be work done by the author himself and published in 1938.

Whether the effects of taking hashish are aphrodisiac, whether they are even pleasant, is a matter on which experiences do not accord. Dr. Walton points out that Dumas's famous description of a voluptuous fantasy in *The Count of Monte Cristo* "has never been incriminated in the development of any hashish addiction." This fact he adduces in support of his thesis that literature has little or no influence on the propagation of this sort of vice. Perhaps there are other readers, like myself, who do not feel themselves seduced by those marble goddesses with their breasts of ice and their burning mouths.

What can be done? Dr. Walton tells how the police in New Orleans have, by arrests and seizures, forced up the price of marijuana cigarettes to 30 or 40 cents each. He believes they can be made even more expensive. But he is not over-optimistic: "... the vice still

flourishes in every country in which it has once been established. This is despite the fact that, in some of these countries, attempts have been made for almost 1,000 years to stamp out the practice." J. ROSSLYN EARP

Health Insurance with Medical Care: The British Experience—

By Douglass W. Orr, M.D., and Jean Walker Orr. New York: Macmillan, 1938. 271 pp. Price, \$2.50.

Out of the plentiful accounts on the British Health Insurance system, which include elaborate reports of two Royal Commissions and numerous technical documents, comes the Orr book, the first thoroughly readable and enjoyable account of the subject.

At the outset they states that "The English scheme is neither . . . centralized nor . . . simple." With the National Health Insurance, the main theme, they clearly weave into the pattern the important services such as public medical services, public assistance medical care, and voluntary contributory insurance that comprise the English health insurance system.

According to the Orrs, public health work in the medical inspection of school children and maternity and child welfare work, marked one of the major steps in the drive for health legislation in England. It has been pointed out that National Health Insurance is restricted in scope through its failure to provide specialist and hospital services, and care for dependents of insured persons. Nevertheless, the scope of public health work, which also includes many welfare activities, is such that "theoretically no one in England need go without medical care." These services are further implemented by numerous medical agencies, so that practically 40 per cent of the entire population and 80 per cent of gainfully employed persons are covered.

The network of medical services available to the English people is described succinctly and well. The Orrs' belief in the effectiveness of these services is perhaps too rosy when one considers health conditions in the slums of London, Manchester, and Birmingham. Their sample of physicians' incomes is equally idealized.

In their desire to learn what the English people think of health insurance, the Orrs went directly to the "producers"—the practising physicians, officers of the British Medical Association, and government officials—and the "consumers" of medical services. There is a unanimity of approval in both groups, even that the services should be extended. In light of the repeated assertions on the part of the American Medical Association to the contrary, this testimony is significant.

JOSEPH HIRSH

The Professional Secret in Social Work—By Rev. Walter McGuinn, S.J., Ph.D. Boston: Boston College School of Social Work, 1938. 34 pp.

The author presents a framework of moral principles calculated to guide the social worker in the solution of problems rooted in the social work secret. Consideration is given to natural, promised, and entrusted secrets, including the professional character of relationships with clients. Among the several conclusions, it is indicated that the obligation ceases when the preservation would cause serious harm to the community, and the Social Work Secret must be revealed when the preservation would jeopardize public peace, public health, public morals, or public welfare. But in solving a concrete case of conflicting rights and duties, the benefit of the doubt to the client must call for a preservation of the secret unless there is a clear necessity of making the revelation.

IRA V. HISCOCK